

## United States Environmental Protection Agency National Clean Diesel Rebate Program Rebate Application

OMB Number: 2060-0686 Expiration Date: 10/31/2015

		11000	are whi	nication								
Funding Year 2012 Target Fleet School Bus Rebate Type Replacement												
Organization Name L.E.T. LTD dba. A+B Bus Service												
A	Address 3528 Martens St.											
C	City Franklin Park County/Parish COOK State IL ZIP 60/3/											
E	mployer/Taxpayer No		ΓIN)							01		
Eligible Entity Information (Private Fleet Owner Applicants Only)  Private fleet owners are able to apply for funding from the National Clean Diesel Rebate Program if the vehicle(s) or equipment, for which funding is being requested, are currently contracted or leased to an eligible entity. An eligible entity is a federal, regional, State, local, or tribal agency or port authority with jurisdiction over transportation or air quality. For additional information regarding private fleet applicants and eligible entities, please refer to the Program Guide.												
Eligible Entity Type   Eligible Entity Name   Eligible Entity Location (City, State)												
for private fleets as described above and in the terms and conditions within the Program Guide.  Driginal Vehicle (1) IHVBBAAPXYH339909 (2) IHVBBAAP4VH339906												
	Vehicle Identification Number	Engine Model Year	Vehicle Class	Engine Manufacturer	Engine Family Name	Annual Miles	Annual Fuel Consumption	Annual Idling Hours	Location of Operation County State			
1	SEE ABOVE	2000		IHC	DT466E	13545	2390	NA	LOOK	IL	3000000	
2)	11 11	2000		IHC	DT466E	11941	2301	NA	COOK	IL	3000000	
3 4												
5												
7	I certify that the vehicle(s) listed for replacement are operational and meet								Total Funds Requested 60000			
$\sum_{i}$	the eligibility requirements defined in the Program Guide.  I certify that the vehicle(s) listed for replacement will be properly disposed of according to the requirements defined in the Program Guide.  *Please see the Program Guide for eligible rebate amounts											
.pp	licant Signature											
X	By signing, I certify knowledge. If sele funding.	cted for	funding	g, I agree to p	provide the requ	ired docu	ımentation aı	nd assur	ances nec	essary	for	
	nding for the National ogram Guide for addit				am is subject to	continuir	ng federal ap	propriation	ons. Pleas	se see	the	